

Volunteer Application

First Name:	Last	Name:		
Address:		-		
∩itv·	Sto	ıte:		
		Cell Phone:		
Home Phone: _				
Work Phone:		Text Message System (to announce emergencie	s): Yes No	
Emergency Contact:	Relationship:	Phone Number:		
How many family membe	ers are in your household?	Ages of children:		
What is your Relationship to	Reside and work in Boone County Reside in Boone County			
Boone County? (circle one)	Work in Boone County Neither reside nor work in Boone County	Are you able to provide your own transportation? Yes No		
EMPLOYMENT INFORMATI	ON Company			
Employment Status (circle one)	Retired Student Address: _			
	Not Currently Employed City:	State: Zip:		
Are you licensed/certifie	d in a Health-Related field? Yes No	License/Certification Number:		
• •	Professional Spe	ecialty:		
(i.e,. Nu	urse, Teacher, EMT, etc.)	(i.e., Family Practice, Veterinary, Mortician, C	Office Assistant, etc.)	
Background (Please pro	vide a brief description of work and/or volur	nteer experiences.)		
	and the second time shipping	computer, filing, etc)		
Skills (Please list skills that	you possess such as accounting, snipping, o	Computer, filling, etc/		
OTHER				
Are you bi-lingual? Yes	No If yes, in what language(s)?	*		
Do you have any specia	al needs that we should be aware of? Yes	No If yes, please list		
Have you ever been co	nvicted of a felony? Yes No If yes, p	lease explain		
Do you consent to a crir	minal background check? Yes No If r	no, please explain		
Do you agree to sign a	patient confidentiality pledge? Yes No			
1		attest the above information is accurate to the best	of my knowledge.	
Volunteer Nan				
Signature of Voluntee	r Date	Staff Member Reviewing Form	Date	
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		*	
Address:			
City:	Sta	e: Zip Code:	
Home Phone: _		Cell Phone:	
Work Phone:		Text Message System (to announce emergen	cies): Yes No
		Phone Number:	
How many family memb	ers are in your household?	_ Ages of children:	
What is your Relationship to Boone County? (circle one)	Reside and work in Boone County Reside in Boone County Work in Boone County Neither reside nor work in Boone County	Do you have a current Indiana driver's lice Are you able to provide your own transpor	
EMPLOYMENT INFORMAT	ION		
Employment Status (circle one)	Employed/Self-Employed Company: Retired Student Address: Not Currently Employed	State: Zip: License/Certification Number:	
Professional Title:(i.e,, N	ed in a Health-Related field? Yes No Professional Specurse, Teacher, EMT, etc.) wide a brief description of work and/or volun	cialty: (i.e,. Family Practice, Veterinary, Mortician teer experiences.)	
Skills (Please list skills that	you possess such as accounting, shipping, c	omputer, filing, etc)	
OTHER			
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		No If yes, please list	
		ease explain	
Do you consent to a cri	minal background check? Yes No If n	o, please explain	
Do you agree to sign a	patient confidentiality pledge? Yes No		
I,Volunteer Nar	a	ttest the above information is accurate to the b	est of my knowledge.
Signature of Voluntee	er Date	Staff Member Reviewing Form	Date